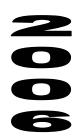
ARKANSAS STATE BOARD OF CHIROPRACTIC EXAMINERS



Renewal License Application
For
Chiropractic Physicians

()	\$ 125.00 Out- \$ 10.00 In-S 1	ate Inactive	Renewal
	\$ Tota RENEWAL DEADLI	-	•
Name:	SSN:		
Mailing Address:			
City:	State:	Zip:	County:
Telephone:	Fax:		_E-Mail:
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101 East Capitol, Suite 209 Little Rock, AR 72201 (501)682-9015

ARKANSAS STATE BOARD OF CHIROPRACTIC EXAMINERS

STATEMENT OF ATTENDANCE EDUCATIONAL SEMINARS

If you are actively engaged in the practice of chiropractic, Arkansas Statute §17-81-311 requires that you present the Board with evidence of attendance during the preceding 12 months at educational seminars of not less than 24 hours for doctors licensed and practicing in Arkansas, (for doctors practicing out-of-Arkansas, the educational requirements of their state or country will be accepted, not less than 12 hours), conducted by a chiropractic institution of learning, or by an association approved by the Board for the teaching of scientific courses pertaining to the profession, or an educational course conducted by the Board.

SIGNATURE:_	DATE:
	Yes, I have attached all continuing education verification documentation.
NOTE	
	: Do not mail your renewal application without your continuing tion documentation. Your renewal cannot be processed without it.